

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Dock Number

P05413US4

First Named Inventor

MARANAS, COSTAS D., et al

COMPLETE IF KNOWN

Application Number

10 / 037,572

Filing Date

November 9, 2001

Art Unit

1645

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MODELING FRAMEWORK FOR PREDICTING THE NUMBER, TYPE, AND DISTRIBUTION OF CROSSOVERS IN
DIRECTED EVOLUTION EXPERIMENTS

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

11/09/2001

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒

Customer Number
or Bar Code Label

27407

OR ☐

Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name

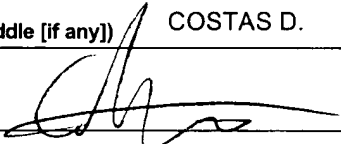
(first and middle [if any])

COSTAS D.

Family Name
or Surname

MARANAS

Inventor's
Signature



Date

5/3/02

Residence: City

Port Matilda

State

PA

Country

USA

Citizenship

USA

Mailing Address

108 Thorndale Road

City

Port Matilda

State

PA

ZIP

16870

Country

USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

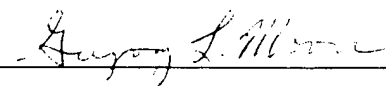
(first and middle [if any])

GREGORY

Family Name
or Surname

MOORE

Inventor's
Signature



Date

5/3/02

Residence: City

State College

State

PA

Country

USA

Citizenship

USA

Mailing Address

10 Vairo Blvd., Apt. 219-D

City

State College

State

PA

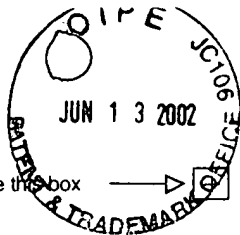
ZIP

16803

Country

USA

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



COPY OF PAPERS
ORIGINALLY FILED

Please type a plus sign (+) inside this box

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|------------------------|
| Application Number | 10/037,572 |
| Filing Date | November 9, 2001 |
| First Named Inventor | MARANAS, COSTAS D., et |
| Group Art Unit | 1645 |
| Examiner Name | |
| Attorney Docket Number | P05413US0 |

I hereby appoint:

☒ Practitioners at Customer Number

27407

Place Customer
Number Bar Code
Label here

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

COSTAS D. MARANAS

Signature

Date

5/3/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.